Application or Docket Number

## PAMENT APPLICATION FEE DETERMINATION RECORD

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TAL A	CLAIMS		17			4 7 4 4	1	RATE	FEE	]		ATE	FEE
JIAL		3	NUMBER FIL	.FD	NUMBER	EXTRA	'	BASIC FEE	355.00	OR	BASI	C FEE	710.00
)R	8	CLAIMS			*			X\$ 9=		OR	X\$	18=	
OTAL CHARGEABLE CLAIMS			/ minus 20=		*			X40=		OR X80=		30=	
DEPENDENT CLAIMS ULTIPLE DEPENDENT CLAIM P								<b> </b>	<del> </del>	1	-	270=	
240	W. W.						1	+135=		OR	<u> </u>	OTAL	
If the	8, 145 s	IMS AS	less than zer	- PAF	RT II	lumn 2 (Column 3	<i>)</i>	TOTAL	ENTITY	OR OR	0	THER T	NTITY
۲,		Column 1) CLAIMS REMAINING AFTER		HIG NU PRE\	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONA FEE		-	RATE	ADDI- TIONA FEE
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	dependent *		Minus	***		=	_	X40=		0	R _	X80=	
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ENDMENT		AMENDME	Minus		AID FOR	=		X\$ 9			OR	X\$18=	
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ر ا ا		(Column CLAIMS REMAINII AFTER	NG	3	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESE	ENT	RA <sup>-</sup>	TE TIO	DI- NAL EE		RATE	AD TIO
AMENDMENT	Total	AMENDM:	Minus	**		=		X\$	9=		OR	X\$18	i=   
EN	Independent		Minus	1	**	=		X4	0=		OR	X80:	=
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	FIRST PRES	ENTATION	OF MULTIPLE	DEPEN	IDENT CLA	AIM		<b>→</b> +10	35=		OR	+270	)=
	2		than the entry in						OTAL		Į - · ·	L	TAL

<sup>\*</sup>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.